

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070541

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: NEW TAMPA BEHAVIORAL HEALTH, LLC

**Current Principal Place of Business:**

16312 NEWBURY PALMS COURT  
TAMPA, FL 33647 US

**New Principal Place of Business:**

18141 BRIDLE BIT LANE  
TAMPA, FL 33647 US

**Current Mailing Address:**

P.O. BOX 46206  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 75-3196248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WORCESTER, JONATHAN A  
16312 NEWBURY PALMS COURT  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

WORCESTER, JONATHAN A  
18141 BRIDLE BIT LANE  
TAMPA, FL 33647 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JONATHAN A WORCESTER

04/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WORCESTER, JONATHAN A  
Address: 16312 NEWBURY PALMS COURT  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WORCESTER, JONATHAN A  
Address: 18141 BRIDLE BIT LANE  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN A WORCESTER

MGR

04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date